PART B - FEE(S) TRANSMITTAL

	, ,	h applicable fee	or <u>Fax</u>	Mail Stop ISSUE Commissioner for P.O. Box 1450 Alexandria, Virg (703) 746-4000	or Patents ginia 22313-1450	
INSTRUCTIONS: This for appropriate. All further co- indicated unless corrected maintenance fee notification	orm should be used for tran prespondence including the below or directed otherwise ons.	smitting the ISSUE Patent, advance order in Block 1, by	FEE and PUBI ers and notification specifying a new	LICATION FEE (if requirements of maintenance fees variety correspondence address	ired). Blocks 1 through 5 vill be mailed to the curren and/or (b) indicating a sep	should be completed where t correspondence address as parate "FEE ADDRESS" for
7	ICE ADDRESS (Note: Use Block 1 for 09/20/2004	B DEI		Note: A certificate of Fee(s) Transmittal. The papers. Each additional have its own certificate.	mailing can only be used is certificate cannot be used all paper, such as an assignme of mailing or transmission.	for domestic mailings of the for any other accompanying ent or formal drawing, must
Patterson, Thuen 4800 IDS Center 80 South 8th Stree Minneapolis, MN 2/23/2004 NWDLDGE2 0000		sen, P.A.		I hereby certify that the States Postal Service addressed to the Mai transmitted to the USF	rtificate of Mailing or Tran his Fee(s) Transmittal is bein with sufficient postage for fi I Stop ISSUE FEE address TO (703) 746-4000, on the	smission ng deposited with the United rst class mail in an envelope s above, or being facsimile date indicated below.
2/23/2004 MWOLDGEŹ 0000	00009 10671331			Kimberly	K. Baxter	(Depositor's name)
FC:2501 FC:1504 FC:8001	700.00 DP 300.00 DP 30.00 DP			December	1. 2004	(Signature) (Date)
APPLICATION NO.	FILING DATE	FI	RST NAMED INV	ENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/671,331	09/25/2003		John R. Wein	ner .	1026.05US03	5692
TITLE OF INVENTION: N	METHOD AND APPARATU	S FOR CENTRALL	LY CONTROLLI	NG ENVIRONMENTAL	CHARACTERISTICS OF	MULTIPLE AIR SYSTEMS
APPLN, TYPE	SMALL ENTITY	ISSUE FEI	3	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665		\$300	\$965	12/20/2004
EXA	MINER	ART UNIT		CLASS-SUBCLASS]	
NORMAN, MARC E		3744		236-011000		
1. Change of correspondent CFR 1.363).	ce address or indication of "F	ee Address" (37		on the patent front page, li	Do to to to	son. Thuente. Sk
CFR 1.363). Change of correspon Address form PTO/SB/1	ce address or indication of "Foodence address (or Change of 122) attached. ation (or "Fee Address" Indication for more recent) attached. Use	Correspondence	(1) the names of or agents OR, a (2) the name of registered attom 2 registered pat	on the patent front page, li	nt attorneys l <u>Patter</u> & Chris a member a 2	son, Thuente, Sk tensen, P.A.
CFR 1.363). Change of correspon Address form PTO/SB/1 "Fee Address' indica PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME ANI PLEASE NOTE: Unles recordation as set forth in the property of the	idence address (or Change of 122) attached. ation (or "Fee Address" Indicator more recent) attached. Use D RESIDENCE DATA TO B as an assignee is identified bein 37 CFR 3.11. Completion	Correspondence ation form e of a Customer E PRINTED ON THelow, no assignee day of this form is NOT	(1) the names of or agents OR, a (2) the name of registered attorn 2 registered pat listed, no name HE PATENT (prinata will appear of a substitute for fi	on the patent front page, lift up to 3 registered pater liternatively, a single firm (having as aney or agent) and the nament attorneys or agents. If will be printed. Int or type) in the patent. If an assign	a member a les of up to no name is 3	
CFR 1.363). Change of correspon Address form PTO/SB/1 "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME ANI PLEASE NOTE: Unles recordation as set forth in (A) NAME OF ASSIGN	idence address (or Change of 122) attached. ation (or "Fee Address" Indicator more recent) attached. Use D RESIDENCE DATA TO B as an assignee is identified bein 37 CFR 3.11. Completion	Correspondence ation form e of a Customer E PRINTED ON THelow, no assignee day of this form is NOT	(1) the names of or agents OR, a (2) the name of registered atton 2 registered pat listed, no name HE PATENT (prinata will appear of a substitute for fi	on the patent front page, lift up to 3 registered pater lternatively, a single firm (having as ney or agent) and the nanent attorneys or agents. If will be printed.	nt attorneys a member a less of up to no name is alee is identified below, the UNTRY)	tensen, P.A.
CFR 1.363). Change of correspon Address form PTO/SB/1 "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unles recordation as set forth it (A) NAME OF ASSIGN Tjernlund P	dence address (or Change of 122) attached. ation (or "Fee Address" Indica or more recent) attached. Use D RESIDENCE DATA TO B as an assignee is identified bein 37 CFR 3.11. Completion NEE	Correspondence ation form e of a Customer E PRINTED ON THelow, no assignee da of this form is NOT. (B)	(1) the names of or agents OR, a (2) the name of registered attorn 2 registered pat listed, no name HE PATENT (prinata will appear of a substitute for fi RESIDENCE: (C	on the patent front page, he fup to 3 registered pater liternatively, a single firm (having as neey or agent) and the nament attorneys or agents. If will be printed. Into r type) In the patent. If an assigning an assignment. CITY and STATE OR CO	at attorneys a member a less of up to no name is alee is identified below, the UNTRY) Minnesota	tensen, P.A.
CFR 1.363). Change of correspon Address form PTO/SB/1 "Fee Address indice PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME ANI PLEASE NOTE: Unles recordation as set forth in (A) NAME OF ASSIGN Tjernlund Properties of the properties o	idence address (or Change of 122) attached. ation (or "Fee Address" Indicator more recent) attached. Use D RESIDENCE DATA TO B as an assignee is identified bein 37 CFR 3.11. Completion NEE roducts, Inc.	Correspondence ation form e of a Customer E PRINTED ON THelow, no assignee do of this form is NOT (B) ries (will not be prin	(1) the names of or agents OR, a (2) the name of registered attorn 2 registered pat listed, no name HE PATENT (prinata will appear of a substitute for fi RESIDENCE: (C Whit ted on the patent) Payment of Fee(s	on the patent front page, lift up to 3 registered pater tleernatively, a single firm (having as anely or agent) and the nament attorneys or agents. If will be printed. Into r type) In the patent. If an assigning an assignment. CITY and STATE OR CO The Bear Lake, Individual Co	nt attorneys a member a les of up to no name is alee is identified below, the UNTRY) Minnesota orporation or other private g	document has been filed for
CFR 1.363). Change of correspon Address form PTO/SB/1 "Fee Address indice PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME ANI PLEASE NOTE: Unles recordation as set forth in (A) NAME OF ASSIGN Tjernlund Properties of the properties o	dence address (or Change of 122) attached. ation (or "Fee Address" Indicator more recent) attached. Use D RESIDENCE DATA TO B as an assignee is identified be in 37 CFR 3.11. Completion NEE roducts, Inc. the assignee category or category enclosed:	Correspondence ation form e of a Customer E PRINTED ON THelow, no assignee drof this form is NOT (B) ries (will not be printed the prin	(1) the names of or agents OR, a (2) the name of registered attorn 2 registered pat listed, no name HE PATENT (print at a will appear of a substitute for file of the control of the contr	on the patent front page, lift up to 3 registered pater tlernatively, a single firm (having as new or agent) and the nan- ent attorneys or agents. If will be printed. Into type) In the patent. If an assignment. CITY and STATE OR CO- te Bear Lake, It is individual Co- color. Individual Co-	nt attorneys a member a les of up to no name is alee is identified below, the UNTRY) Minnesota orporation or other private gelected.	document has been filed for
CFR 1.363). Change of correspon Address form PTO/SB/1 "Fee Address indica PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME ANI PLEASE NOTE: Unles recordation as set forth in (A) NAME OF ASSIGN Tjernlund Properties of the properties o	addence address (or Change of 122) attached. ation (or "Fee Address" Indicator more recent) attached. Use D RESIDENCE DATA TO Be as an assignee is identified be an 37 CFR 3.11. Completion NEE roducts, Inc. te assignee category or categore enclosed: small entity discount permittee	Correspondence ation form e of a Customer E PRINTED ON THelow, no assignee do of this form is NOT (B) ries (will not be printed the control of the contro	(1) the names of or agents OR, a (2) the name of registered attorn 2 registered pat listed, no name HE PATENT (print at a will appear of a substitute for file at a will appear of a substitute for file ted on the patent of Fee(s) A check in the Payment by cr	on the patent front page, lift up to 3 registered pater liternatively, a single firm (having as a new or agent) and the nan ent attorneys or agents. If will be printed. Into type) In the patent. If an assigning an assignment. CITY and STATE OR CO The Bear Lake, Individual Co Individu	at attorneys IPatter & Chris Chris Chris a member a les of up to no name is IPatter IPatte	document has been filed for
CFR 1.363). Change of correspon Address form PTO/SB/1 "Fee Address indica PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME ANI PLEASE NOTE: Unles recordation as set forth in (A) NAME OF ASSIGN Tjernlund Properties of the properties o	addence address (or Change of 122) attached. ation (or "Fee Address" Indicator more recent) attached. Use D RESIDENCE DATA TO Be as an assignee is identified be an 37 CFR 3.11. Completion NEE roducts, Inc. te assignee category or categore enclosed: small entity discount permittee	Correspondence ation form e of a Customer E PRINTED ON THelow, no assignee do of this form is NOT (B) ries (will not be printed of the customer) 4b. [c] [c] [c] [c] [c] [c] [c] [c] [c] [c	(1) the names of or agents OR, a (2) the name of registered attorn 2 registered pat listed, no name HE PATENT (print at a will appear of a substitute for fince the substitute for fine substitute for fine fine fine fine fine fine fine fine	on the patent front page, lift up to 3 registered patent leternatively, a single firm (having as new or agent) and the nament attorneys or agents. If will be printed. Into trype) In the patent. If an assignment. CITY and STATE OR CO The Bear Lake, Individual Co Individ	at attorneys IPatter & Chris Chris Chris a member a les of up to no name is IPatter IPatte	document has been filed for roup entity Government recedit any overpayment, to copy of this form).
CFR 1.363). Change of correspon Address form PTO/SB/1 "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME ANI PLEASE NOTE: Unles recordation as set forth in (A) NAME OF ASSIGN Tjernlund Properties of the condition	addence address (or Change of 122) attached. ation (or "Fee Address" Indicator more recent) attached. Use D RESIDENCE DATA TO B as an assignee is identified bein 37 CFR 3.11. Completion NEE roducts, Inc. the assignee category or category enclosed: small entity discount permitted for Copies 10 s (from status indicated above SMALL ENTITY status. See	Correspondence ation form e of a Customer E PRINTED ON THelow, no assignee do for this form is NOT (B) ries (will not be printed of this form is NOT) 4b. 5cd) 1 2 37 CFR 1.27.	(1) the names of or agents OR, a (2) the name of registered attorn 2 registered pat listed, no name HE PATENT (print at a will appear of a substitute for fill the don't have been determined by the substitute for fill the don't have been determined by the substitute for fill the don't have been determined by the substitute for fill the don't have been determined by the substitute for fill the don't have been determined by the substitute for fill the substitut	on the patent front page, lift up to 3 registered pater liternatively, a single firm (having as a rey or agent) and the namely or agent) and the nament attorneys or agents. If will be printed. In or type) In the patent. If an assigning an assignment. CITY and STATE OR CO The Bear Lake, Individual Co	nt attorneys I Patter & Chris A member a les of up to no name is I Patter Chris I Patter I	document has been filed for roup entity Government recedit any overpayment, to copy of this form).
CFR 1.363). Change of correspon Address form PTO/SB/I Fee Address indica PTO/SB/I; Rev 03-02 Number is required. 3. ASSIGNEE NAME ANI PLEASE NOTE: Unles recordation as set forth in (A) NAME OF ASSIGN Tjernlund Properties of the interpretation of the interpretat	addence address (or Change of 122) attached. ation (or "Fee Address" Indicator more recent) attached. Use D RESIDENCE DATA TO B as an assignee is identified bein 37 CFR 3.11. Completion NEE roducts, Inc. the assignee category or category enclosed: small entity discount permitted for Copies 10 s (from status indicated above SMALL ENTITY status. See	Correspondence ation form e of a Customer E PRINTED ON THelow, no assignee do for this form is NOT (B) ries (will not be printed of this form is NOT) 4b. 5cd) 1 2 37 CFR 1.27.	(1) the names of or agents OR, a (2) the name of registered attorn 2 registered pat listed, no name HE PATENT (print at a will appear of a substitute for fill the don't have been determined by the substitute for fill the don't have been determined by the substitute for fill the don't have been determined by the substitute for fill the don't have been determined by the substitute for fill the don't have been determined by the substitute for fill the substitut	on the patent front page, lift up to 3 registered pater liternatively, a single firm (having as a rey or agent) and the namely or agent) and the nament attorneys or agents. If will be printed. In or type) In the patent. If an assigning an assignment. CITY and STATE OR CO The Bear Lake, Individual Co	nt attorneys I Patter & Chris A member a les of up to no name is I Patter Chris I Patter I	document has been filed for roup entity Government recedit any overpayment, to copy of this form). CFR 1.27(g)(2). Cation identified above. the assignee or other party in

Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.